



MUTUAL INSURANCE COMPANY, LTD.

**CERTIFICATE OF INSURANCE**

**INSURED:** Cox Enterprises, Inc.  
Cox Communications Arizona  
6205 Peachtree Dunwoody Road  
Atlanta, GA 30348

**CERTIFICATE ISSUED TO:** State of Arizona  
Enterprise Procurement Services  
100 N 15<sup>th</sup> Avenue  
Suite 104  
Phoenix, AZ 85007

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMIT OF LIABILITY
Media Liability	1299-06021	December 01, 2005 to December 01, 2006	\$1,000,000

**DESCRIPTION OF OPERATIONS / SPECIAL CONDITIONS:**

State of Arizona is named as an additional insured with respect to agreement with Cox Communications Arizona.

**CANCELLATION:** THIRTY DAYS WRITTEN NOTICE TO THE  
CERTIFICATE HOLDER

**DATE:** February 3, 2006

**BY:** Christine Paynter  
Authorized Representative

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/03/06

PRODUCER  
1-678-393-5200  
Arthur J. Gallagher Risk Management Services, Inc.  
  
3440 Preston Ridge Road  
Suite 425  
Alpharetta, GA 30005  
Linda Smith-Fax: (678)393-5240

INSURED  
Cox Communications, Inc.  
Cox Communications Phoenix  
PO Box 105357

Atlanta, GA 30348

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Insurance Co Of The State Of PA

19429

INSURER B: American Home Assur Co

19380

INSURER C: Illinois Natl Ins Co

23817

INSURER D: New Hampshire Ins Co

23841

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS OF \$500,000 <input checked="" type="checkbox"/> SELF INSURED RETENTION GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	RMGL5753099	01/01/06	01/01/07	EACH OCCURRENCE \$1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,500,000 MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$1,500,000 GENERAL AGGREGATE \$30,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RMCA5893995 (TX) RMCA5893997 (MA) RMCA5893996 (VA) RMCA5893994 (AOS)	01/01/06 01/01/06 01/01/06 01/01/06	01/01/07 01/01/07 01/01/07 01/01/07	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? INCL EXCL	RMWC6610930 (CA) RMWC6610931 (FL) RMWC6610929 (AOS) RMWC6610933 (NJ)	01/01/06 01/01/06 01/01/06 01/01/06	01/01/07 01/01/07 01/01/07 01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<b>OTHER WORK COMP/EMPLOYERS LIAB</b>	RMWC6610932 (AZ, ID, MA, OR, VA)	01/01/06	01/01/07	SEE ABOVE AMT OF INSURANCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

State of Arizona  
Enterprise Procurement Services  
  
100 N. 15th Ave, Ste 104  
  
Phoenix, AZ 85007

USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.